

CORRECTION

Berman DS, Hachamovitch R, Kiat H, et al. Incremental value of prognostic testing in patients with known or suspected ischemic heart disease: a basis for optimal utilization of exercise technetium-99m sestamibi myocardial perfusion single-photon emission computed tomography. *J Am Coll Cardiol* 1995; 26:639-47.

In Figure 2 of the above report, the patient population represents the combined results of the study population and those patients removed from the analysis due to prior revascularization. The corrected figure (below) is in agreement with the numbers reported in the text of the report. Also, the legend to Figure 2 should have read "Frequencies of hard events

(myocardial infarction or cardiac death) over the follow-up period in patients with low, intermediate and high post-exercise treadmill test likelihood of coronary artery disease (POST-ETT LK CAD). Solid bars = abnormal results; hatched bars = normal scan results."

In Figure 3 of this article, both the correct study population as well as the study population combined with the patients excluded because of prior revascularization were shown. Only the population numbers on the left should have been shown, as now demonstrated in the corrected Figure 3. The authors regret these errors and apologize for any confusion they may have caused.

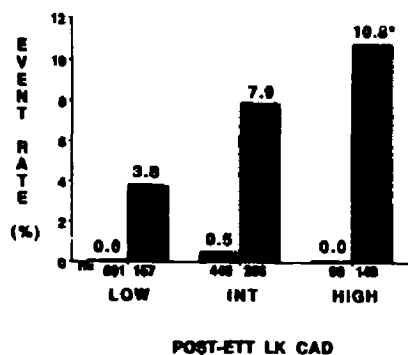


Figure 2. Frequencies of hard events over the follow-up period in patients with a low, intermediate (INT) or high post-exercise treadmill test likelihood of coronary artery disease (POST-ETT LK CAD). Solid bars = abnormal scan results; hatched bars = normal scan results. * $p < 0.05$ for abnormal versus normal scan results.

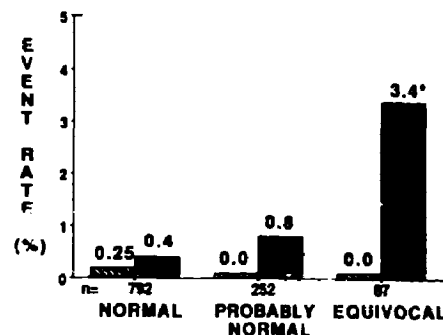


Figure 3. Scan results versus event rate. Rates of hard (hatched bars) and soft event (dotted bars) over the follow-up period in patients with normal, probably normal and equivocal scan results. * $p < 0.05$.